

SHIFT-STAFFED TREATMENT FOSTER HOME EXCEPTION APPLICATION CHECKLIST

Use of form: Use of this form is voluntary; however, the Department of Health and Family Services (DHFS) Exceptions Panel requires the information contained on this form for consideration of applications to provide shift-staffed care in a treatment foster home.

Directions: When requesting an exception to the treatment foster care rule for the specific purpose of allowing shift-staffing, both the "Application to the DHFS Exceptions Panel for Exception to Ch. HFS 56 or Ch. HFS 38" form (CFS-847) and the following information must be provided.

INITIAL APPLICATION

1. Description of the shift-staffed treatment foster home including:
 - a. Treatment components
 - ☐ Describe the services in the shift-staffed treatment foster home that exceed typical care provided in a treatment foster home, including the amount and frequency of treatment services.
 - b. Daily schedule or routine
 - ☐ Include a description of the typical day in the home, school attendance, after-school activities or therapies, and opportunities for peer and community interaction. This could include a copy of the schedule that is posted in the home for the individuals receiving care.
 - ☐ Include a description of family interactions and frequency, including home visits, for the child(ren), parents, siblings, and other relatives.
 - c. Physical plant
 - ☐ Describe the physical environment.
 - d. Staff
 - ☐ Identify the specific staff person who oversees the quality of services being provided and the staff accountable for the child(ren)'s daily care, treatment, and safety.
 - ☐ Outline personnel, staffing ratios, and training requirements.
2. Admission or eligibility criteria for the shift-staffed treatment foster care program including:
 - a. Placement requirements
 - ☐ Describe the population of children to be cared for in the shift-staffed treatment foster home, including specific conditions and vulnerabilities, ages, gender, and abilities.
 - ☐ Include a written plan that addresses how the facility supervisors and staff will assure that each child's health, safety, and well-being are addressed, especially when considering additional placements. If medically fragile children are placed in a shift-staffed treatment foster home, this written plan should also include emergency medical protocol to ensure the most responsive and appropriate medical treatment for the child.
3. Statement of why the child or children to be placed in the shift-staffed treatment foster home cannot be better served in a more family-oriented setting with the provision of appropriate services in the home.
 - a. Child specific information
 - ☐ Describe each child's conditions or level of functioning that necessitates placement in a shift-staffed treatment foster home.
 - ☐ Include copies of the current permanency plan and CIP plan, if available, for each child.

b. Supporting documentation

A file on each child must include:

- ☐ Documentation of all community placement options that were investigated and deemed unavailable or not in the child's best interest, a timeline of when those alternative placements were considered and why those placements were not appropriate.
- ☐ Letters from parents, therapists, social workers and other professionals who are currently working with the child which include information regarding the appropriateness of this setting for the child.

REAPPLICATIONS

1. A copy of the most recent permanency plan or permanency plan summary for each resident and the most recent CIP plan, if applicable.
2. Copy of the most recent license.
3. Any updated information, including, but not limited to:
 - ☐ The number of residents currently residing in the shift-staffed treatment foster home.
 - ☐ The needs of the residents.
 - ☐ The physical location of the shift-staffed treatment foster home.
 - ☐ Staffing patterns and staff training in the home.
 - ☐ Copy of plans that assure the safety of all residents particularly concerning the needs or behaviors of other residents.
 - ☐ Any egregious or serious incident reports since the last review.
4. A description of each resident's family interaction or involvement with the child / home.

RESPITE

1. Admission criteria
 - ☐ Describe the admission criteria for respite care. Include a description of how the agency assures the safety of all children placed in the shift-staffed treatment foster home when a child is placed for respite care.
2. Use of respite care
 - ☐ Indicate the number of beds, if any, that are being used for respite care.
 - ☐ Describe the frequency of respite care placements.